

10614350

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7	1					
8						
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50						
TOTAL IND.	2					
TOTAL DEP.	8	↔	↔	↔		
TOTAL CLAIMS	16					

	*		*		*	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.		↔	↔	↔		
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS						